U.S. WAR DEPARTMENT

MILITARY HOSPITALIZATION AND EVACUATION OPERATIONS

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RESTRICTED

WAR DEPARTMENT
Headquarters, Services of Supply
Washington, D. C.

September 15, 1942.

SPOPH 322.15

SUBJECT: Military Hospitalization and Evacuation Operations.

TO: The Commanding Generals and Commanding Officers:
Service Commands.
Ports of Embarkation.
The Surgeon General.

1. In accordance with letter from The Adjutant General (AG 704 (6-17-42)) MB-D-TS-M, subject: "War Department hospitalization and evacuation policy," The Surgeon General is hereby charged with the maintenance of basic plans for military hospitalization and evacuation operations, and the coordination of the plans therefor of all commands concerned. Rapid submission of essential information and adherence to limiting dates by all concerned are essential to permit compliance by The Surgeon General.

2. It is desired that plans be submitted and operations effected in accordance with directives contained in Inclosure No. 1.

BY COMMAND OF LIEUTENANT GENERAL SOMERVELL:

(Signed)
LEE R. LUTES,
Brigadier General, G. S. C.,
Assistant Chief of Staff for Operations, S. O. S.

3 Incls:
#1 Hosp. & Evac. Ops, Sept. 15, 1942.
#2 Ltr AG 704 (6-17-42) MB-D-TS-M, "WD hosp. & evac. policy."
#3 Ltr SP PMG 381.

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MILITARY HOSPITALIZATION AND EVACUATION OPERATIONS

SERVICES OF SUPPLY

(September 15, 1942)

SECTION I

HOSPITALIZATION

1. Plans for operations.—*a.* Operations plans for military hospitalization within the continental United States will be maintained as follows:

(1) By service commands and ports of embarkation submitted in triplicate to The Surgeon General prior to December 15, 1942.

(2) By The Surgeon General a basic directive, submitted in triplicate to the Commanding General, Services of Supply, prior to February 1, 1943, which will coordinate operations under the plans submitted by service commands and ports of embarkation. The original and one carbon copy of each subordinate plan will be forwarded with The Surgeon General's basic directive. The Commanding General, Services of Supply, will return the original of each subordinate plan to the service command or port concerned.

b. The Surgeon General is charged with administration and processing of plans as outlined herein. He will report to the Commanding General, Services of Supply, deficiencies the correction of which are beyond his control or authority. The Surgeon General will also submit with the basic directive for operations a report upon and recommendations for such additional requirements in facilities, personnel, or equipment as may be necessary to insure adequate military hospitalization within the continental United States.

c. Reporting offices will call upon other offices for the information required at such time as to insure preparation and maintenance of plans as prescribed herein. Those offices from which information may be requested will promptly submit the required information. Air station surgeons will furnish to the commanding generals of service commands the essential information required to complete operations plans as prescribed herein.

d. Information will be submitted in annexes attached to each plan concerned as follows:

(1) *Annex A.*—Information in the form of table I and as required by table I.

(2) *Annex B.*—The Surgeon General will submit annex B, including information required in the form of table II.

(3) *Annex C.*—Specific report as annex C will be made by service commands and ports of embarkation (debarkation) as to sources of existing buildings for increase of bed capacities as prescribed herein. Apartments, hotels, schools, dormitories, or other buildings which might be made available will be surveyed and reported. Owners will be listed and their willingness or lack thereof to cooperate will be indicated. No schools of high school (or lower) grade will be surveyed. No buildings surveyed by or tentatively allocated for other Government or Office of Civilian Defense hospitalization will be surveyed or listed.

(4) *Annex D.*—Detailed report will be made as annex D by service commands and ports of embarkation (debarkation) concerning the relations which have been established with other Government hospitalization agencies, the Office of Civilian Defense or others, under which unilateral or mutual hospitalization support may be planned. This report will clearly show how plans have been coordinated with other agencies' plans. No hospital beds which other agencies plan to employ will be included as assets in plans for military hospitalization.

2. Responsibilities.—*a.* Under the Commanding General, Services of Supply:

(1) The Surgeon General will control the allocation of beds and determine staff allotments in all named general hospitals in the United States. He has technical administration of all medical activities.

(2) The commanding general of each service command has responsibility for the hospitalization of all troops within his service command, except for those in staging areas and ports of embarkation, for Army Air Force personnel at Air Force station hospitals, and for hospitalization in tactical hospitals operating under tactical control.

(3) The commander of each port of embarkation (debarkation) is responsible for the hospitalization of all troops in staging areas and the port of embarkation.

b. The Commanding General, Army Air Forces, is responsible for air station hospitals.

c. The Commanding General, Army Ground Forces, is responsible for tactical hospitals operating under tactical control.

d. The commanders of defense commands and theater of operations in the continental United States are responsible for such hospitals as may be designated by the War Department.

e. All commanders (in emergency) are responsible for medical attendance (including civilian physicians and hospitalization) as provided by AR 40–505. Commanders are reminded of the heavy burdens being placed upon civilian medical services and the shortages thereof due to current requirements of the armed services.

3. Operations (see chart 1).—*a.* Military hospitalization will be provided in accordance with the Services of Supply Organization Manual, 1942, and with this directive. Hospitalization operations will be coordinated with evacuation operations.

b. Plant facilities.—(1) *Types.*—(*a*) Station hospitals are established and maintained to provide immediate medical care and treatment for those cases not ordinarily requiring prolonged hospitalization. Station hospitals will be provided in accordance with current policy, as approved by the Commanding General, Services of Supply.

(*b*) Named general hospitals (see chart 2) are established and maintained to afford better hospital facilities than ordinarily would be provided in station hospitals for observation, treatment, and disposition of complicated or obscure cases; for performance of certain elective surgical procedures; to provide beds for the evacuation of other hospitals, thereby increasing the number of beds available in the hospitals concerned; to provide beds for patients requiring prolonged hospitalization; and to provide beds for treatment of patients evacuated from overseas for whom further treatment in the United States is required. Named general hospitals will be provided in the continental United States for 1 percent of the total strength of the Army plus any additional capacity required for actual medical care of military evacuees from overseas, continued until such personnel may be returned to duty or separated from the military service.

(c) Field camp hospitalization will consist of the following:

1. For 2.67 percent of camp capacity, theater of operations type construction with running water and the simplest type of water-borne sewerage.
2. For 1.33 percent of camp capacity, heavy tentage, floored and screened to be operated by field medical units with no water-borne sewerage provided unless the camp proper is so served.

(2) *Bed credits.*—(a) The Surgeon General will control the allocation of bed credits in named general hospitals to the following:

1. Larger station hospitals upon recommendation of commanding generals of service commands or the Commanding General, Army Air Forces.
2. The commanding generals of service commands for disposition of patients from smaller stations, except air stations.
3. The Commanding General, Army Air Forces, for disposition of patients from smaller air stations.
4. The commanders of ports of embarkation (debarkation) for patients from overseas, staging area and port hospitals, and such additional requirements as may be reported by port commanders.
5. The Commanding General, Army Ground Forces, for tactical hospitals operating under tactical control.
6. The commanding generals of defense commands or theaters of operations within the continental United States, as necessary.

(b) The Surgeon General will revise bed credits, when necessary, advising all commanders concerned following each revision, particularly commanding generals of service commands. The commanding officers to whom bed credits have been allotted require no further authority to transfer patients to the designated named general hospitals, provided allotments are not exceeded. In order to control bed credits in general hospitals, The Surgeon General will deal directly with general hospital commanders with reference to allocation of bed credits.

(c) A record of debits and credits against bed allotments will be maintained by all concerned. Requests for changes in allotments will be made to The Surgeon General through the commander concerned except in emergencies, when direct communication with The Surgeon General is authorized. Recommendations for decreased allotments will be submitted when indicated. The Surgeon General will reduce consistently excessive allocations of bed credits.

(d) *Special.*—Patients will be transferred in accordance with existing regulations to the Fitzsimons General Hospital for treatment of tuberculosis, to Darnall General Hospital, and to the Army and Navy General Hospital. The availability of beds for neuropsychiatric patients will be established by commanders concerned prior to transfer of such patients to general hospitals.

(e) *Transfer of patients.*—In accordance with current directives, commanding officers concerned will be responsible for the proper selection of cases to be transferred to general hospitals, consideration being given to—

1. Distances to be traveled.
2. Transportation medium to be employed.
3. Routing.
4. Crowding of local hospital facilities. Sufficient beds will be held available in station hospitals to meet the needs of immediate emergencies.

(3) *Capacity of plant facilities.*—(a) Bed capacities will be made available for hospitalization of approximately 15 percent of the command as follows:

1. For actual medical care of hospital cases, beds for approximately 5 percent of the command by the utilization of the following:
   - Existing hospitals.
   - Additional hospital construction to full 5 percent of housing capacity at theater of operations type camps (to be provided without any action by the commanding generals of service commands).
   - Mobilization type hospital barracks at mobilization type camps.
   - Existing housing for field units adjacent to hospitals.
2. For care of ambulant convalescents and for treatment of ambulant patients requiring minor attention other than bed space and mess facilities, beds for approximately 10 percent of commands by utilization of barracks; the barracks will be preselected by post, camp, or station commanders upon recommendation of their respective surgeons, and will be those most suited to the purpose; the sources for beds, bedding, and messing facilities for the convalescent housing will be specifically listed in writing by each commander concerned to minimize confusion at such time as emergency dictates actual operations; the convalescent housing will be administered as annexes to the hospitals by medical officers under the post, camp, or station surgeons.

(4) *Expansion of plant facilities.*—(*a*) For addition to bed capacity as prescribed in (3) above, facilities will be expanded when necessary by the following means and in the order listed:

1. By temporary utilization of barracks (only ambulant patients will be placed above the first floor of cantonment camp barracks).
2. By rental or lease as may be required by and as authorized for meeting suddenly increased admission rates due to epidemic, temporary disposition of troops, enemy action, or localized disaster.
3. *By construction.*—For station hospitals, only when increases of garrisons are permanent and not for tactical disposition of troops temporarily at or in the vicinity of the station concerned, except when authorized by the Commanding General, Services of Supply.

   For general hospitals, at least 9 months prior to the need thereof. The Surgeon General will estimate and report additional requirements to the Commanding General, Services of Supply. At the time of reporting estimated additional requirements, The Surgeon General will submit specific recommendations as to the general locations of and capacities required for the additional general hospitalization. Except for those general hospitals required for support of port evacuations, construction for new general hospitals will be located within areas bound by the general line: SPOKANE—PHOENIX—EL PASO—TEMPLE—ATLANTA—CLEVELAND. Additional general hospitals will be so located as to properly support evacuation from other general hospitals, and on main line railroads unless otherwise approved in each case by the Commanding General, Services of Supply.
4. By utilization of theater of operations hospitals which are under the control of the Commanding General, Services of Supply. No issue of unit assemblages for this purpose will be anticipated at this time, the capacity of these units as a source for expansion of facilities being limited to utilization of personnel within the units. In order

to derive the maximum benefits from training and operations, theater of operations hospitals will be utilized as complete units and not as individuals, when employed in actual care of the sick.

(*b*) As may be necessitated by enemy action in the following States, provision will be made for alternate location of existing hospitalization by removal of existing equipment to preselected buildings:

Maine	Maryland
New Hampshire	District of Columbia
Vermont	Virginia
Massachusetts	North Carolina
Rhode Island	South Carolina
Connecticut	Georgia
New York	Florida
Pennsylvania	California
New Jersey	Oregon
Delaware	Washington

Plans for such expansion will be included in annex C (see par. 1*d*(3), sec. I).

c. Medical equipment and supplies.—(1) From currently authorized sources, The Surgeon General will insure the availability of adequate medical equipment and supplies at such times and places as they may be required for operations prescribed herein.

(2) In emergencies, required supplies which have not been made available by The Surgeon General may be purchased locally in accordance with current directives.

d. Funds.—(1) Funds for the lease of buildings and the payment of utilities will be provided by commanding generals of service commands in the manner prescribed by current regulations.

(2) Funds for the purchase of medical supplies and services locally will be provided by The Surgeon General in the manner prescribed by current directives.

(3) Funds for the hire of necessary civilian personnel for the expansion of hospital facilities as prescribed herein will be provided by the commanding generals of service commands.

e. Medical personnel.—The commanding generals of service commands and the commanders of ports will submit requests to the Commanding General, Services of Supply, for additional medical personnel required to meet serious epidemics or other major disasters.

f. Aid to civilian defense.—(1) *Extent of aid.*—Assistance will be given to the Office of Civilian Defense within the means available and when justified by the immediate military situation. Civilian patients so admitted to military hospitals will be transferred to civilian hospitals designated by the Office of Civilian Defense at the earliest practicable date, or will be otherwise disposed of as directed by the Office of Civilian Defense.

(2) *Means for aid.*—Until such time as service command emergency medical units (mobile) may be authorized, organized, and equipped in accordance with approved tables, each service command will organize medical units in accordance with attached table III. Currently available personnel and motor vehicles will be selected and detailed. Units will be actually trained for the purpose intended and will be sufficiently inspected to insure their readiness at all times for operations. Units will be equipped in accordance with attached equipment

list (table IV). The commanding general of each service command will determine the number of such units required, based upon the military strengths and density of population of target areas within the service command area, the geography and the distance involved, reporting the number and locations of the units to The Surgeon General prior to October 15, 1942.

g. Disposition of patients unfit for further military service.—Military personnel who are disabled for further military service will be hospitalized in a military hospital in the United States until it can be determined that the disability is such that physical rehabilitation for military service is not feasible. When rehabilitation for military service is not feasible and further hospitalization is necessary, the military personnel will be separated from the military service and transferred to a Veterans' Administration facility, provided the disability was incurred in line of duty.

SECTION II

EVACUATION

1. **Plans for operations.**—*a.* Operations plans for military evacuation will be maintained as follows:

(1) By service commands, ports of embarkation (debarkation), other commands within the continental United States, each submitted in triplicate to The Surgeon General prior to December 15, 1942. The commanding generals of service commands will request commanders of ports and defense commands within their respective areas to submit evacuation plans of their respective commands. This will insure that provision has been made for support for evacuation of those commands to the control of the Services of Supply, and that such support required has been included in the operations plans of the service command concerned.

(2) By The Surgeon General after collaboration with the Chief of Transportation, Services of Supply, a basic directive coordinating all plans submitted in accordance with (1) above. This directive will be submitted in triplicate to the Commanding General, Services of Supply, prior to February 1, 1943. The original and one carbon copy of each subordinate plan will be forwarded with The Surgeon General's basic directive. The Commanding General, Services of Supply, will return the original of each subordinate plan to the commander concerned.

b. The Surgeon General is charged with the administration and processing of plans as outlined herein. He will report to the Commanding General, Services of Supply, deficiencies the correction of which are beyond his control or authority. The Surgeon General will also submit with the basic directive a report upon and recommendations for such additional requirements in facilities, personnel, or equipment as may be necessary to insure military evacuation as prescribed herein.

c. Reporting offices will call upon other offices for the information required at such time as to insure preparation and maintenance of plans as prescribed herein. Those offices from which information may be requested will promptly submit the required information. Air station surgeons will furnish to the commanding generals of service commands concerned the essential information required to complete operations plans as prescribed herein.

d. Information will be submitted in annexes attached to each plan as follows:

(1) *Annex E—Patients to be evacuated.*—(*a*) Estimates as to the numbers of patients to be evacuated will be listed in table V classified as follows:

1. *Mental.*—Those patients who require security accommodations aboard a ship or a hospital train which may be moving patients to ultimate hospital destinations.
   Male.
   Female.
2. *Hospital litter (bed) patients.*—Those patients requiring to remain in bed with services rendered by other individuals.
   Male.
   Female.
3. *Hospital ambulant patients.*—Those patients who, while ambulant, will require hospital (medical) care en route and who in addition will require services from other individuals.
   Male.
   Female.
4. *Troop class patients.*—Those patients who will need little medical care en route and who will be able to take care of themselves, even in emergencies.
   Male.
   Female.

(*b*) Estimates as to individuals to be evacuated who are not sick or wounded but for whom medical care must be prearranged.

1. *Dependents of military personnel and War Department civilian employees.*
   Male adults.
   Female adults.
   Infants.
2. *Others.*
   Friendly—Unguarded.
   Enemy—Guarded.

(2) *Annex F—Equipment.* Estimates as to equipment required for military evacuation and sources from which it may be made available will be tabulated as follows:

(*a*) *For transport* (table VI).

1. *Automotive.*
   Ambulances.
   Buses.
   Trucks.
   Automobiles (Taxicabs and privately owned).
2. *Rail.*
   Hospital trains (276 patients 12-hour trip; 200 patients—24- or more hour trip).
   Sleepers (Pullman couches, 27 patients each); passenger coaches (52 patients each).
3. *Ship* (by port commanders; overseas commanders will report immediately any known requirements for ship hospital space to the port of embarkation charged with supply of the command concerned).

Hospital ship.
Ships' hospitals aboard transports.

4. Air.—All requirements for air evacuation will be presented to the Commanding General, Army Air Forces, unless otherwise prescribed by him.

(*b*) *For operations* (table VII).—Requirements of individual, organizational, and other equipment and supply (medical and nonmedical) in excess of that available within the command concerned.

(3) *Annex G—Personnel.*—Estimates as to personnel required for military evacuation will be tabulated in Table VIII as follows:

(*a*) Total requirements by grade and qualification.

(*b*) Available personnel by grade and qualification.

(*c*) Shortage of personnel by grade and qualification.

2. Responsibilities. *a.* Under the Commanding General, Services of Supply, for military evacuation operations within the United States and from oversea theaters of operations to the United States:

(1) The Chief of Transportation, Services of Supply, is responsible for—

(*a*) Water, rail, and automotive traffic control.

(*b*) The adequacy of shipping for oversea evacuation.

(*c*) Coordination with—

1. War Shipping Administration.

2. Navy.

3. Office of Defense Transportation.

4. Association of American Railways.

5. Highway transportation organizations.

(*d*) Under the Chief of Transportation, operations of commanders of ports of embarkation (debarkation) for the evacuation of patients from those oversea forces charged to their respective ports for supply. Commanders of ports will call upon commanders of oversea forces for any information required and will arrange directly with the commanding general of the service command in which the port is located for any support required from the service command for evacuation of the port itself or for patients received through the port from overseas (see par. 1*a*(1), sec. II, and (2)(*c*) below).

(2) The commanding general of a service command is responsible for the following:

(*a*) Arrangements for transportation originating within the geographic limits of the service command, including any evacuation from ports that may be requested by port commanders, except for the control over hospital trains exercised by the Chief of Transportation (see par. 3*a*(1)(*b*), sec. II).

(*b*) Arrangements with The Surgeon General for allocation of bed credits in general hospitals for the disposition of patients from service command installations.

(*c*) Requesting commanders of ports and defense commands within the service command to present their requirements for support from the service command for military evacuation.

(3) The Surgeon General has the following responsibilities:

(*a*) *Chief medical regulator.*—The Surgeon General by virtue of his control over the allotment of bed credits in general hospitals will be the chief medical regulator. In order to carry out his functions with reference to military evacuation, The Surgeon General, as chief medical regulator, will deal direct with the general hospital commanders in matters pertaining to bed credits and will obtain

such information direct from general hospital commanders and port commanders as may be required to properly control the transfer of patients. All commanders concerned will be informed of action taken by The Surgeon General.

(*b*) Assurance of adequacy of the following:

1. Medical personnel for the care of patients while being transported.

2. Medical supplies and equipment.

3. Railway cars for evacuation of patients.

(*c*) Recommendations concerning procurement of:

1. Railway cars for evacuation.

2. Hospital ships.

(4) The Chief of Administrative Services, Services of Supply, has supervision of the following operations so far as they may be concerned with plans for military evacuation of sick and wounded:

(*a*) Preparation of War Department plans and policies relating to civilian defense evacuation.

(*b*) Coordination of matters pertaining to civilian defense measures for evacuation.

b. The Commanding General, Army Ground Forces, is responsible for—

(1) All evacuation within Army Ground Forces under his control.

(2) Coordination with the Commanding General, Services of Supply, for evacuation from Army Ground Force units to Services of Supply installations, facilities, or control.

c. The Commanding General, Army Air Forces, is responsible for—

(1) All evacuation within Army Air Forces under his control.

(2) Air evacuation.

(3) Coordination with the Commanding General, Services of Supply, for evacuation from Army Air Forces control to Services of Supply installations, facilities, or control.

d. Commanders of task forces and theaters of operations overseas are responsible for—

(1) All evacuation within the command concerned.

(2) Coordination of requirements for evacuation from overseas with the commander of the port of embarkation charged with supply of the command concerned.

(3) Coordination with the Commanding General, Services of Supply, for evacuation beyond the limits of the command concerned to the control of the Commanding General, Services of Supply.

e. Commanders of defense commands are responsible for coordination with the Commanding General, Services of Supply, for evacuation beyond the limits of the respective commands to the control of the Commanding General, Services of Supply.

3. **Operations** (see chart 3).—*a. Rail.*—(1) *Hospital train.*—(*a*) *Attachment of hospital cars.*—For rail movements of sufficient numbers of patients to justify their use, currently available hospital train cars will be attached to and detached from service commands by the Chief of Transportation, the commanding generals of service commands involved being advised thereof by the Chief of Transportation.

(*b*) *Movements.*—For movements within the service command the transportation officer of the service command will arrange for routing. For movements to or through other service commands routing instructions to cover each movement will be obtained from the Chief of Transportation. Movement orders for all movements, except in emergencies, will be issued by the Chief of Transportation.

(c) *Rail equipment.*—The transportation officer of the service command will obtain the necessary rail equipment in addition to currently available hospital train cars including diners, sleepers, tourist cars, passenger coaches, baggage and refrigerator cars.

(d) *Messing.*—The commanding general of each service command will insure provision of adequate rations and messing facilities as determined by the medical personnel and the type and number of patients involved in each movement. When necessary, the commanding general of each service command will effect preliminary arrangements for dining car facilities to include tray service from dining cars to bed patients.

(e) *Funds.*—The commanding officer of the hospital train will be designated class B agent finance officer for the disbursing of such funds as may be necessary.

(f) *Personnel.*—In the event no hospital train units are available, the commanding general of each service command will staff trains with personnel in accordance with T/O 8–520.

(g) *Equipment.*—The Surgeon General will equip hospital trains and will maintain sufficient medical supplies therefor in accordance with basic equipment lists for hospital trains.

(2) *Rail movements other than by hospital train.*—For individuals or for parties of patients and medical personnel totaling less than 50, rail transportation under current arrangements and agreements with the railroads will be arranged by local transportation officers and agents of carriers involved.

b. Water.—(1) Commanders of ports charged with supply of oversea forces will arrange for evacuation from those commands to the continental United States. Control of hospital ship and ship hospital personnel and supply will be as provided in (2) and (3) below.

(2) Medical supplies will be supplied from port reserves. The port commander will fill requisitions submitted by ship surgeons in accordance with basic equipment lists furnished by The Surgeon General.

(3) The commander of each port of embarkation and debarkation in the continental United States will operate ship hospitals with such Medical Department personnel as may be made available to him. Until such time as approved Tables of Organization may be established to provide adequate personnel within the troop basis, an effort should be made to provide personnel for ships' hospitals in accordance with the Table of Medical Department Personnel for Ship Medical Service (table furnished to port commanders by The Surgeon General). The Medical Department personnel will be placed on duty at ports or in staging areas when not actually on ship duty. Ships which have insufficient medical personnel or equipment to care for casualties that are to be evacuated thereon will be supplied with such personnel as may be available to the port commander. Medical personnel required to be attached by oversea commanders, in an emergency, for medical care of patients returned from theaters of operations will be replaced by personnel shipped on the first returning transport.

(4) Port commanders will immediately transmit to the Chief of Transportation all information received from commanders concerning patients to be evacuated from oversea forces.

c. Automotive.—In order to conserve gasoline and rubber, motor vehicles will be used only when other means of transportation would be impracticable for military evacuation by the Services of Supply. Government ambulances, Army trucks, buses and commercial vehicles will be utilized in the order named.

d. Air.—Military air evacuation will be effected as directed by the Commanding General, Army Air Forces, and requests therefor will be addressed directly to the

Commanding General, Army Air Forces. Commercial air evacuation may be arranged by commanders concerned, as may be necessary.

e. Aid to civilian defense.—As prescribed by letter dated April 9, 1942 (SP PMG 381), subject: War Disaster Relief Plans (see incl. #3).

TABLE I.—*Hospital facilities*

....

(Fill in proper designation)

1	2	3	4(c)	5(d)	6(e)	7(f)	8(g)
Geographic designation	Number of normal beds	Number of emergency beds	Maximum possible bed capacity	Number of beds authorized for hospital	Shortage of authorized bed capacity	Bed credits allotted to hospital	Total beds available
A. Stations (listed alphabetically):							
SOS hospitals (b)							
Air station hospitals (b)							
B. Ports of embarkation (a)							
C. General hospitals (b)							
Total for Service Command (less staging area hospitals) (a)							

NOTES

(a) Report will be submitted to The Surgeon General.
(b) Report will be submitted to service command.
(c) Immediately available within each command and without augmentation of medical personnel.
(d) For station hospitals, 4 percent of permanent garrison, for general hospitals and staging areas, as authorized.
(e) Provide evidence of permanence of increase of garrison strength (copies of orders, etc.).
(f) List general hospitals where credits are established and number allotted at each hospital.
(g) Column 4 plus column 7.

TABLE II.—*Requirements for additional hospitalization*

1	2	3	4	5
Geographic area	Existing normal bed capacity	Shortage of authorized bed capacity (a)	Actual authorized bed capacity (b)	Additional bed capacity recommended by The Surgeon General (c)
..... *Service Command*				
SOS hospitals				
Air station hospitals				
Staging area hospitals				
General hospitals				
Total for ..... Service Command				
Grand total				

NOTES

(a) As reported to The Surgeon General.
(b) Based upon housing capacities.
(c) Attach detailed justification for each hospital in which column 2 is equal to column 4.

TABLE III.—*Service command emergency medical unit (mobile)*

	1	2	3	4
1	Unit	Technician grade	Total	Remarks
2	Major		1	a Should have some general surgical ability.
3	Captain		a 3	
4	Lieutenant			
5	Total commissioned		4	The serial number symbol shown in parentheses is an inseparable part of the specialist designation. A number below 500 refers to an occupational specialist whose qualification analysis is found in AR 615–26. A number above 500 refers to a military occupational specialist listed in Circulars Nos. 14 and 67, War Department, 1942.
6	Technical sergeant, including		1	
7	Medical (673)		(1)	
8	Staff sergeant, including		1	
9	Supply (821)		(1)	
10	Sergeant, including		1	
11	Motor (813)		(1)	
12	Corporal, including		2	
13	Medical (673)		(2)	
14	Technician, grade 4		1	
15	Technician, grade 5		6	
16	Private, first class, including		14	
17	Private		14	
18	Chauffeur (245)		(6)	
19	Clerk, admission (405)	5	(1)	
20	Litter bearer (857)		(12)	
21	Technician, medical (123)	5	(3)	
22	Technician, medical (123)		(5)	
23	Technician, surgical (225)	4	(1)	
24	Technician, surgical (225)	5	(2)	
25	Technician, surgical (225)		(5)	
26	Total enlisted		40	
27	Aggregate		44	
28	Q Ambulance, ½-ton 4 x 4 or 1½-ton 4 x 2		2	
29	Q Truck, ¼-ton 4 x 2 pick-up		3	
30	Q Truck, 2½-ton, 6 x 6, cargo		1	

TABLE IV.—*Equipment list—service command emergency medical unit—medical equipment*

Medical Department item No.	Item	Unit	Amount
16089	Serum, normal human plasma, dried	Package	25
74620	Bucket	Each	4
77160	Battery, dry cell (for items 78010 and 99340)	do	24
78010	Flashlight with lamp	do	44
97110	Kit, medical, noncommissioned officer's	do	4
97115	Kit, medical officer's	do	4
97120	Kit, medical private's	do	18
97465	Blanket set, small	do	4
97565	Chest, MD, No. 1	do	2
97570	Chest, MD, No. 2	do	2
97757	Gas casualty set, complete	do	1
97815	Splint set	do	2
99175	Carrier, field, collapsible	do	2
99225	Cup, paper, noncollapsible	do	1,000
99340	Lantern, electric	do	4
99345	Lantern, electric, lamp	do	2
99376	Litter, steel pole	do	18
99410	Pad, heat, complete	do	12
99550	Stove, 1-burner, gasoline	do	2
97825	Surgical dressings, box	do	1
97775	Lantern set	do	1
	Flag (Red Cross), ambulance and marker	do	5

NOTE.—In addition to the above, some provision should be made from equipment and supplies on hand to serve hot coffee, tea, cocoa, soup, etc., at the scene of the disaster.

Quartermaster property

Item	Unit	Amount
Axe, handled, chopping	Each	2
Shovel, general purpose, D-handle, round point	do	2
Cans, corrugated, nesting, galvanized with cover (32 gallons)	do	2
Tent, small wall, complete with fly, pins, and pole	do	2

TABLE V. *Estimated numbers of individuals to be evacuated* Service Command (date)

Geographic designation	Patients to be evacuated												Ambulant well (e)			Grand totals		
	Mental patients (a)			Hospital bed patients (b)			Hospital ambulant patients (c)			Troop class patients (d)								
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
A. Stations (listed alphabetically):																		
Ground stations (except ports)																		
Air stations																		
B. Ports (listed alphabetically):																		
Stations																		
Staging areas																		
Evacuation from overseas																		
List oversea forces																		
C. Total for Service Command																		

NOTES

(a) Those requiring security accommodations aboard ship or train.
(b) Those requiring bed care and services rendered by other individuals.
(c) Those requiring medical care and services from other individuals even though ambulant.
(d) Those requiring little care and able to take care of themselves, even in emergencies.
(e) Medical care is for potential requirements only, during movements.

TABLE VI.—*Estimates of transportation required for evacuation operations*

---------- Service Command (date)

Geographic designation	Numbers to be evacuated (a)			Transportation required (b)							Shortage after all resources exhausted (c)	
				Automotive				Rail				
	Male	Female	Total	Army ambulances	Buses	Trucks	Automobiles	Hospital trains	Sleepers	Passenger coaches	Bed	Ambulant
A. Same as table V												
B. Same as table V												
C. Total for ..... Service Command												

NOTES

(a) Grand totals from table V.

(b) The Chief of Transportation, Services of Supply, will advise commanders as to transportation associations which may make means available for transport in emergencies.

(c) List numbers of individuals remaining to be evacuated after all means actually available to the command and that obtainable under (b) above have been exhausted.

TABLE VII.—*Estimates of equipment required in excess of that currently available for evacuation operations*

---------- Service Command (date)

Equipment (list only items for which shortage exists)	Total number required			Total number available	Shortage
	Authorized	Unauthorized	Total		
A. Individual items:					
Medical					
Nonmedical					
B. Organizational items:					
Medical					
Nonmedical					
C. Other items:					

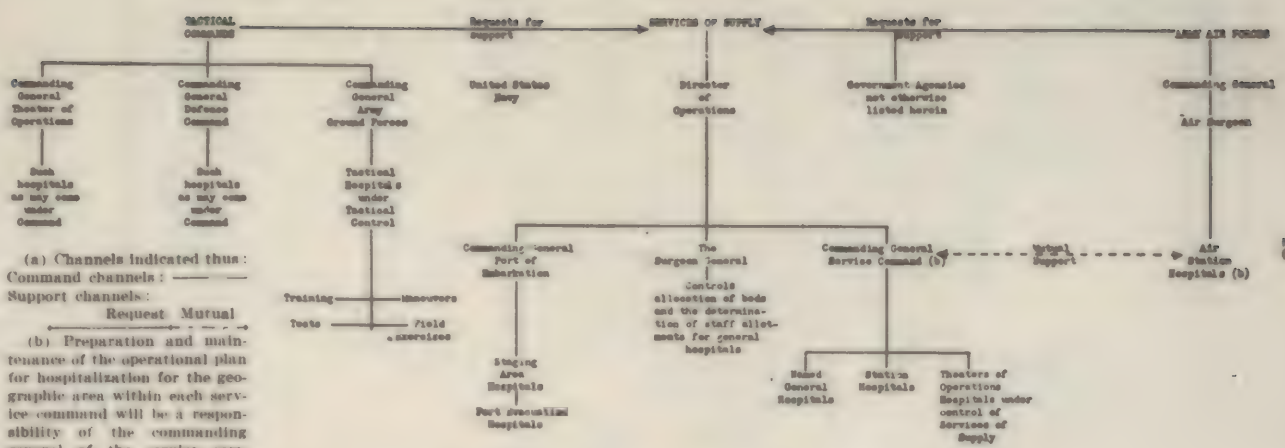
TABLE VIII. *Estimates of personnel required in excess of that currently available for evacuation operations*

---------- Service Command (date)

Transport means	Total officers all grades		Nurses		Noncommissioned officers		Privates	
	Authorized (a)	Unauthorized (b)	Authorized (a)	Unauthorized (b)	Authorized (a)	Unauthorized (b)	Authorized (a)	Unauthorized (b)
A. Rail								
Hospital train								
Other								
B. Ship								
Hospital ship (if available)								
Ambulance ship (if available)								
Ship hospitals								
C. Automotive								
D. Total								

NOTES

(a) Personnel authorized, unavailable, but required.
(b) Personnel unauthorized, unavailable, and required.



(a) Channels indicated thus:
Command channels: ——— ——
Support channels:
Request Mutual
←————————— - — - →

(b) Preparation and maintenance of the operational plan for hospitalization for the geographic area within each service command will be a responsibility of the commanding general of the service command.

CHART 1.—Military hospitalization within continental United States.

CHART 2.—General hospitals (as of September 15, 1942).

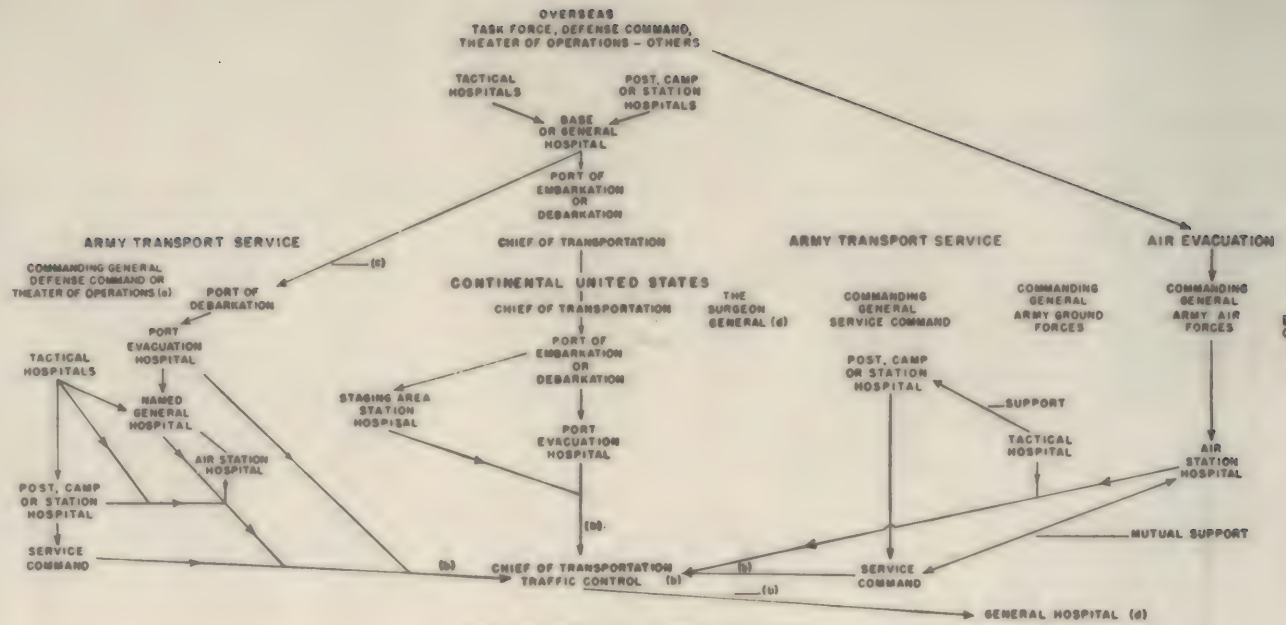


CHART 3.—Flow chart—military evacuation.

(a) This column illustrates a possible situation in which all facilities might be placed under command of a theater commander.

(b) All passenger traffic flow is controlled by the Chief of Transportation who issues all movement orders except in emergency.

(c) This evacuation flow might be through a port of debarkation located in a theater of operations or a defense command. In such a situation the flow of casualties from overseas through that port and from within the theater of operations or defense command must be coordinated through the theater or defense commander.

(d) The Surgeon General is chief medical regulator by virtue of his control over the allocation of beds in general hospitals.

WAR DEPARTMENT
The Adjutant General's Office
Washington

AG 704 (6-17-42)
MB-D-TS-M June 18, 1942.

SUBJECT: War Department Hospitalization and Evacuation Policy.

TO: Commanding Generals:
Army Ground Forces.
Army Air Forces.
Services of Supply.
All Defense Commands.
All Departments.
All Theaters.
All Separate Bases.

1. **Responsibility of commanders.**—*a.* The Commanding Generals of the Army Ground Forces, Army Air Forces, Services of Supply, defense commands, and oversea departments, theaters, and separate bases have command responsibility for the operation of all medical facilities under their control and for future planning in connection therewith.

b. The Commanding General, Services of Supply—

(1) Has administrative responsibility for the coordination of the plans of all commands for evacuation of the sick and wounded to be delivered to his control, and for coordination of plans for hospitalization within the continental United States.

(2) Will provide for the evacuation of sick and wounded delivered to his control and will inform commanders concerned of the provisions made.

(3) Will, in fulfilling his responsibilities, communicate directly wherever necessary and practicable to obtain such information as he may require.

c. The Commanding General, Army Air Forces, is charged with the development and operation of air evacuation. He will at all times keep the Commanding General, Services of Supply, informed of the status of such development.

2. **Facilities.**—*a.* All plans will contemplate, wherever justified by predictable emergency conditions, the utilization of all facilities of the areas involved, and will take cognizance of probable requirements other than military. Commanders designated in paragraph 1*a* are authorized in the preparation of their plans to deal directly with appropriate agencies not under their control.

b. Plans will be made for expansion beyond currently authorized capacity as justified by predictable emergency conditions. Authority for the expansion of fixed hospital facilities by new construction will, however, be granted only when all possibilities of expansion by other means have been exhausted.

BY ORDER OF THE SECRETARY OF WAR:

(Signed)
J. A. ULIO.
Major General,
The Adjutant General.

Incl. #2

WAR DEPARTMENT
Services of Supply
Office of The Provost Marshal General
Washington

SP PMG 381 April 9, 1942.
SUBJECT: War Disaster Relief Plans.
TO: Commanding Generals, All Corps Areas.

1. The Army must be prepared to aid the civilian population during major disasters resulting from either natural or war conditions. The primary responsibility for relief from either natural or war disaster is upon the local and State governments, including their civilian defense agencies affiliated with the national Office of Civilian Defense and relief agencies, as the American Red Cross.

2. There is the possibility that communities along our land and coastal frontiers may be subjected to sporadic raids and bombing attacks. During and immediately following such attacks, the corps area commander must be prepared to assist the responsible local, State and civilian agencies until they are able to take over completely. In the extreme case where the responsible civilian agencies are unable to function, the corps area commander must be prepared to take control during the initial period. Therefore, you will prepare a plan providing for war disaster relief, forwarding one copy to this office not later than May 20, 1942. It is suggested that the following be included:

a. Assisting local law enforcement agencies in establishing restricted areas and maintaining law and order in the affected areas.

b. Plans for equipment and the necessary organization to rescue persons from heavily damaged or demolished buildings.

c. Plans for medical services and supplies prior to evacuation.

d. Plans for various types of transportation and selection of highways for evacuation.

e. Plans for temporary maintenance of evacués to include feeding, clothing and housing until relieved by civilian agencies.

f. Plans to utilize communication systems or devices.

g. Plans to protect against and suppress fire.

h. Plans to utilize State, local, other Federal agencies and volunteer forces to the maximum.

i. Plans to coordinate the relief activities of other agencies.

j. Planning points or areas of release of responsibilities to civilian agencies.

k. Plans for withdrawal of Army personnel.

3. The relief afforded by the Army will not extend beyond that initial period during which the civilian agencies are unable to fulfill their primary responsibility. Clearly, corps area commanders should neither obviate the necessity for nor replace complete plans by local, State and civilian organizations. The proper authorities should be consulted for the purpose of securing information on their capabilities and plans of action. Plans should contemplate the maximum utilization of State guard and local police forces.

Incl. #3

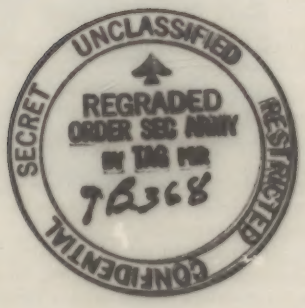
4. During and immediately following the occurrence of a major war disaster, the representative of the corps area commander should proceed to the disaster area and confer with the proper civilian authorities, including the mayor, the head of the local civilian defense organization and the Red Cross representative, offering the assistance of the Army where needed. The corps area commander's representative should be the EPW–CFCP district commander of that area.

5. When sporadic raids occur, permanent mass evacuation from raided communities usually should not be required, as it is essential to the war effort that the able-bodied citizens remain in their home communities. However, the temporary evacuation of certain classes of civilians may be necessary. War Department pamphlet entitled "Evacuation of the Civilian Population," December 1941, was written to assist in planning for *mass evacuation* from a theater of operations and was not intended to assist in planning the *dispersal* of certain classes of civilians to protect them from sporadic air attacks. Therefore, the War Department pamphlet should be used only as a source for suggestions in preparing the plans here requested.

6. The corps area war disaster relief plan will be in addition to the peacetime disaster relief plan provided in AR 500–60 and of special disaster plans which certain corps areas have been directed to prepare. Where practicable, the corps area organization for EPW and CFCP purposes with districts, headquarters and executives should be utilized for operations under this plan. This plan should be classified as *restricted*.

BY COMMAND OF LIEUTENANT GENERAL SOMERVELL:

(Signed)
ALLEN W. GULLION,
Major General, U. S. A.,
The Provost Marshal General.

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